

Case Number:	CM14-0150379		
Date Assigned:	09/18/2014	Date of Injury:	04/05/2004
Decision Date:	08/27/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male who sustained an industrial injury on 4.5.04. The mechanism of injury was unclear. He currently complains of ongoing low back pain radiating down the left lower extremity. His pain level was 5 out of 10; left shoulder pain; burning of the eyes; dental caries. On physical exam of the lumbar spine there was tenderness to palpation along the lumbar musculature with mild muscle rigidity bilaterally with limited range of motion, positive straight leg raise in modified sitting position on the left and decreased sensation; the cervical spine revealed tenderness along the posterior cervical musculature bilaterally with decreased range of motion; there was tenderness along the posterior cervical musculature, upper trapezius and medial scapular region bilaterally; left arm revealed 30% loss of range of motion of the left shoulder and tenderness to palpation of the posterolateral arm and posterior forearm, positive Tinel's sign on the left ulnar groove at the elbow. Medications were Norco, Prilosec. Urine drug screen (2.11.14) was inconsistent with prescribed medication. Diagnoses include lumbar myoligamentous injury; bilateral lower extremity radiculopathy; bilateral shoulder internal derangement, left greater than right. status post left shoulder arthroscopic surgery ((6.2009); lumbar spine sprain, strain; left upper extremity radiculopathy versus neuropathy; medication induced gastritis with mild elevation of liver function tests; depression; anxiety; L5-S1 laminectomy discectomy, (2.12.07); sexual dysfunction; lumbar spinal cord stimulator, Jude Implant, 5.27.10; xerostomia, due to chronic opiate use; cervical spine sprain, strain syndrome; photophobia; obesity. Treatments to date include lumbar steroid injection (10.24.13); left shoulder cortisone injection; physical therapy; medications; stretching exercises. Diagnostics

include arthrogram of left shoulder (1.8.13) showing narrowing of the glenohumeral joint space; electromyography of bilateral lower extremities (3.26.13) showing left lumbar L4 radiculopathy; electromyography of bilateral upper extremities (3.26.13) showing chronic right cervical C6 radiculopathy and left ulnar neuropathy across the elbow; computed tomography of the lumbar spine (1.8.13) showing disc bulge, neural foraminal stenosis; computed tomography of the lumbar spine (10.1.10) showing disc bulge. In the progress note dated 7.29.14 the treating provider's plan of care includes a request for Medrol Dosepak to try for his leg excoriation; retrospective urine drug screen, date of service 7.29.14. Reports indicate that the patient's most recent urine drug screen was May 18, 2014. The patient has previously tried Medrol dose pack and Benadryl with ongoing itching complaints. A request has been made for internal medicine or dermatology consultation for the symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription of Medrol Dose (Pak): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: regarding Medrol Dosepak; Oral corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Regarding the request for a steroid taper (medrol) ACOEM states that oral corticosteroids are not recommended. ODG recommends the use of corticosteroids orally for limited circumstances for acute radicular pain. Oral steroids are not recommended for acute non-radicular pain or chronic pain. Additionally, there should be discussion with the patient regarding risks of the medication and the fact that there is limited evidence that it is effective. Guidelines do not have criteria for the use of Medrol for the treatment of dermatologic conditions. Within the documentation available for review, it appears the patient has previously tried Medrol with no success. Additionally, referral is being made for an internal medicine physician or a dermatologist. It seems reasonable to proceed with a specialist consultation rather than repeating a previously ineffective treatment. As such, the currently requested steroid taper (medrol) is not medically necessary.

RETRO: 1 urine drug screen DOS: 7/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic: Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient underwent a urine drug screen 2 months prior to the date of service requested. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.